



Healthways Physical Medicine Benefit Management

Unique Expertise and Capabilities to Reduce Unnecessary Claims Cost and Increase Member Value

Benefits:

- ROI from 3:1 to 5:1
- Flexible solution to meet the unique needs of health plans and their members
- URAC accredited and NCQA certified
- Savings begin on day one

Specialty medical benefits such as chiropractic services, physical therapy, occupational therapy, speech therapy and complementary alternative medicine (CAM) services can be difficult for health plans to manage. Many billing protocol variations are unique to these diverse services, and it may be challenging to maintain the depth and breadth of clinical expertise and knowledge of current standards in house. The result can be less than optimum value for members and unnecessary claims costs for health plans.

Healthways has more than 20 years of clinical and operational expertise in the management of physical medicine benefits. Our flexible Healthways Physical Medicine Benefit Management™ solution is designed to meet the unique needs of health plans and their members while delivering significant savings and ensuring appropriate, high-quality care. We are committed to the member experience and to quality and service excellence.

Flexible Options for Powerful Cost Savings

Before getting started, Healthways analyzes health plan data and offers insights into a client's greatest opportunities for cost savings and improved delivery of physical medicine benefits. Healthways provides clear estimates of projected savings. Program impact typically ranges from a 3:1 to 5:1 return on investment — all with improved quality of care.

Health plans can select the Physical Medicine Benefit Management components that best match their priorities. Healthways offers complete, regulatory-compliant insurance support capabilities in four primary areas:

- Network development
- Credentialing
- Utilization management
- Claims processing

Services can cover a plan's entire population or specific groups, including fully insured, self-insured, and Medicare and Medicaid product lines under full-risk carve-out or ASO funding mechanisms.

Network Development

Providers who follow defined clinical protocols help ensure high-quality care while avoiding excess costs. Healthways performs focused, rapid recruitment in key areas to optimize member access and create customized networks, building respectful and collaborative relationships with fully credentialed providers. We also ensure networks consists of providers who are actually servicing members, saving administrative costs.

“Healthways worked closely with us to identify an approach that would be the least disruptive to our members and providers — and that would offer members an appropriate level of care. It worked. After 1 year, our provider and member appeals were less than 1%”

—Tom Foley, Director, Ancillary and Behavioral Health Contracting,
Blue Cross Blue Shield of Massachusetts

Credentialing

Healthways has been an NCQA-certified Credentials Verification Organization since 2000. We perform primary source verification for license, license restrictions/complaints, liability coverage, malpractice claims and Medicare/Medicaid sanctions. Our Credentialing Committee, a multidisciplinary peer review team, reviews provider credentials and makes determinations before network admittance.

Utilization Management

URAC-accredited for Health Utilization Management since 1997, our program is also NCQA-certified and licensed and certified to conduct utilization management in all states where this is a requirement. Using comprehensive clinical logic, decision support and care pathways technology, the program ensures provision of care that is medically necessary, clinically indicated, and delivered in the most appropriate and cost-effective manner — all while enabling accurate contract administration and equitable access to care across the network.

Therapeutically driven and both evidence and outcomes based, our program provides the appropriate diagnosis, utilization and fee parameters to ensure members receive medically necessary, high-quality care delivered in a cost-effective manner. Our clinical criteria is developed through a rigorous committee process and analysis of more than 20 years of historical claims and treatment authorization data, publications and peer-reviewed literature.

Our state-of-the-art Rapid Response System for authorizations is available 24/7 via a secure web portal or telephonic IVR interface, creating an efficient, provider-friendly mechanism for receiving real-time responses to authorization requests.

Claims Processing

Claims processing matches care plan authorizations to submitted claims and provides fee management services to maximize time and secure savings.

Healthways, the Healthways logo, and Healthways Physical Medicine Benefit Management are registered trademarks or trademarks of Healthways, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. All other brand names, product names, registered trademarks or trademarks belong to their respective holders. Healthways reserves the right to alter product and services offerings, and specifications and pricing at any time without notice, and is not responsible for typographical or graphical errors that may appear in this document. © 2015 Healthways, Inc. All rights reserved.



Health
Utilization
Management
Expires 08/01/2019